

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/576496

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4				3		
5			1			
6			1			
7				1		
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15				1		
16			1			
17			1			
18				10		
19				10		
20			1			
21				1		
22				1		
23				10		
24				10		
25				3		
26				10		
27				10		
28				10		
29				10		
30						
31				10		
32				10		
33				10		
34				10		
35				10		
36				10		
37				10		
38				10		
39				10		
40				10		
41				10		
42				10		
43				3		
44				10		
45				10		
46				3		
47						
48				10		
49				10		
50				10		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				10		
52				3		
53				3		
54				10		
55				10		
56				10		
57				10		
58				3		
59				3		
60						
61						
62				10		
63				10		
64				3		
65				10		
66				10		
67				10		
68						
69				10		
70				10		
71				10		
72				10		
73				3		
74				3		
75				10		
76				10		
77				10		
78				10		
79				3		
80				3		
81						
82						
83				10		
84				10		
85				3		
86				3		
87				10		
88				10		
89				10		
90				10		
91				3		
92				3		
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		15 ↓		↓
TOTAL DEP.		←		530 ←		←
TOTAL CLAIMS				545		